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41A725



Department of Revenue

1500010270

A

Kentucky Corporation/LLET Account Number

**KENTUCKY SINGLE MEMBER LLC
INDIVIDUALLY OWNED INCOME
AND LLET RETURN**
2015**► See instructions.**

Taxable period beginning _____, 201 _____, and ending _____, 201 _____.

B Check applicable box(es):**LLET****Receipts Method**

- ☐ Gross Receipts
☐ Gross Profits
☐ \$175 minimum

Nonfiling Status Code**Enter Code**

C Federal Identification Number _____

Social Security Number _____

Taxable Year Ending _____/_____/_____

Mo. _____ Yr. _____

Name of LLC _____

Name of Owner _____

Number and Street _____

City _____

State _____

ZIP Code _____

Telephone Number _____

Kentucky Secretary of State
Organization Number _____

State and Date of Organization _____

Principal Business Activity in KY _____

D Check if applicable: ☐ Qualified investment pass-through entity ☐ Initial return
☐ Final return (Complete Part IV) ☐ Amended return (Complete Part V) ☐ Change of name
☐ Short-period return (Complete Part IV) ☐ Change of address ☐ Change of accounting period

NAICS Code Number
(Relating to Kentucky Activity)
(See www.census.gov)

E Check applicable box:

- ☐ Composite return (attach Schedule CP) ☐ Single return

DRAFT
 6/25/15
PART I—KENTUCKY NET DISTRIBUTABLE INCOME

1. Ordinary income (loss)	1		00
2. Net income (loss) from rental real estate activities	2		00
3. Net income (loss) from other rental activities	3		00
4. Interest income	4		00
5. Dividend income	5		00
6. Royalty income	6		00
7. Net short-term and long-term capital gain (loss). If net (loss), do not include more than (\$3,000)	7		00
8. Section 1231 net gain (loss)	8		00
9. Other income (attach schedule)	9		00
10. Other deductions (attach schedule)	10		00
11. Total net distributable income (lines 1 through 9 less line 10)	11		00
12. Enter 100% or the apportionment fraction from Schedule A, Section I, line 12 (attach schedule)	12		%

PART II—LLET COMPUTATION

1. Schedule LLET, Section D, line 1 ...	1		00
2. Tax credit recapture	2		00
3. Total (add lines 1 and 2)	3		00
4. Nonrefundable LLET credit from Kentucky Schedule(s) K-1	4		00
5. Nonrefundable tax credits (attach Schedule TCS)	5		00
6. LLET liability (greater of line 3 less lines 4 and 5 or \$175 minimum)	6		00
7. Estimated tax payments	7		00
8. Certified rehabilitation tax credit ..	8		00
9. Film industry tax credit	9		00
10. Extension payment	10		00
11. Prior year's tax credit	11		00
12. LLET due (line 6 less lines 7 through 11)	12		00
13. LLET overpayment (lines 7 through 11 less line 6)	13		00
14. Credited to 2015 Interest	14		00
15. Credited to 2015 Penalty	15		00
16. Credited to 2016 LLET	16		00
17. Amount to be refunded	17		00

TAX PAYMENT SUMMARY
 (Round to nearest dollar)
OFFICIAL USE ONLY**LLET**

1. LLET due (Part II, line 12)	\$.00
2. Interest	\$.00
3. Penalty	\$.00
4. Total Payment	\$.00

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PART III—LLET CREDIT FOR MEMBER

1. LLET liability (Part II, the total of lines 4 and 6)	1		00
2. Minimum tax	2	175	00
3. Member's LLET credit (line 1 less line 2)	3		00

PART IV—EXPLANATION OF FINAL RETURN AND/OR SHORT-PERIOD RETURN

- | | |
|---|--|
| <input type="checkbox"/> Ceased operations in Kentucky | <input type="checkbox"/> Change in filing status |
| <input type="checkbox"/> Change of ownership | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Successor to previous business | <input type="checkbox"/> Other _____ |

PART V—EXPLANATION OF AMENDED RETURN CHANGES

DRAFT
8/13/15

I, the undersigned, declare under the penalties of perjury, that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.



Signature of member (owner)

SSN or FEIN

Date

Printed name of member (owner)

Name of person or firm preparing return

SSN, PTIN or FEIN

Date

**Federal Schedules C, E and F, and
any other supporting federal forms
and schedules must be attached.**

May the DOR discuss this return with the preparer?

☐ Yes ☐ No

Email Address:

Telephone No.:

**Make check payable to:
Kentucky State Treasurer**

Mail to:

REFUNDS OR NO TAX DUE

Kentucky Department of Revenue, Frankfort, KY 40618-0010



PAYMENTS

Kentucky Department of Revenue, Frankfort, KY 40620-0020

www.revenue.ky.gov

1500010343

SCHEDULE Q—SINGLE MEMBER LIMITED LIABILITY COMPANY QUESTIONNAIRE

IMPORTANT: Questions 4—10 must be completed by all single member limited liability companies (LLC). If this is the single member LLC's initial return or if the single member LLC did not file a return under the same name and same federal I.D. number for the preceding year, questions 1, 2 and 3 must be answered. **Failure to do so may result in a request for a delinquent return.**

1. Single member's (owner) name, address and Social Security number or federal I.D. number _____

2. List the following **Kentucky** account numbers. Enter N/A for any number not applicable.

Employer Withholding _____

Sales and Use Tax Permit _____

Consumer Use Tax _____

Unemployment Insurance _____

Coal Severance and/or _____

Processing Tax _____

3. If a foreign limited liability company, enter the date qualified to do business in Kentucky. ____ / ____ / ____

4. The limited liability company's books are in care of: (name and address)

5. Are disregarded entities included in this return?

☐ Yes ☐ No

If yes, list name, address and federal I.D. number of the entity(ies).

6(a) Was the limited liability company a partner in a pass-through entity doing business in Kentucky for the tax year being reported? ☐ Yes ☐ No

If yes, list name and federal I.D. of the pass-through entity(ies).

6(b) Was the limited liability company doing business in Kentucky other than through its interest held in a pass-through entity doing business in Kentucky? ☐ Yes ☐ No

7. Is the entity filing this Kentucky tax return organized as a statutory trust or a series statutory trust as provided by KRS Chapter 386A? ☐ Yes ☐ No

If yes, is the entity filing this Kentucky tax return a series within a statutory trust? ☐ Yes ☐ No

If yes, enter the name, address and federal I.D. number of the statutory trust registered with the Kentucky Secretary of State: _____

8. Was this return prepared on: (a) ☐ cash basis, (b) ☐ accrual basis, (c) ☐ other _____

9. Did the limited liability company file a Kentucky tangible personal property tax return for January 1, 2016? ☐ Yes ☐ No

If yes, list the name and federal I.D. number of entity(ies) filing return(s): _____

10. Is the single member limited liability company currently under audit by the Internal Revenue Service? ☐ Yes ☐ No

If yes, enter years under audit

If the Internal Revenue Service has made final and unappealable adjustments to the LLC's taxable income which have not been reported to this department, check here ☐ and file an amended Form 725 for each year adjusted. Attach a copy of the final determination to each amended return.

DRAFT
5/21/15